

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

11/2/4

SERIAL NO.
10/018115

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1		51						
2						1	52						
3		2					53						
4		0				2	54						
5		0				1	55						
6		0				1	56						
7		0				1	57						
8		0					58						
9	1						59						
10		1				1	60						
11		1					61						
12		1				1	62						
13		0					63						
14		0					64						
15		0					65						
16	1					1	66						
17							67						
18		0				1	68						
19		0					69						
20		0					70						
21		0				1	71						
22		0					72						
23		0				1	73						
24							74						
25						1	75						
26							76						
27						1	77						
28							78						
29						1	79						
30							80						
31						1	81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	0			6	0	TOTAL IND.						
TOTAL DEP.	22				30	0	TOTAL DEP.						
TOTAL CLAIMS	25				36	0	TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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